

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**  
 05-11-2000 90286 026 \*\*\*150.00

DOCUMENT # **997000093718**

i. Entity Name  
**FARRAR ENTERPRISES, INC.**

Principal Place of Business <b>2250 GULFGATE DR. STE B                  SARASOTA, FL 34231-4838</b>	Mailing Address <b>2250 GULFGATE DR STE B                  SARASOTA, FL 34231-4838</b>
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**655632**

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**59-352 9337**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FARRAR, KENNETH  
 2250 GULFGATE DR. STE B  
 SARASOTA, FL 34231-4838**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **X** **K. Farrar** **PRESIDENT** **KEN FARRAR** **4.26.00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	<b>FARRAR, KENNETH</b>
	<b>2250 GULFGATE DR. STE B</b>
	<b>SARASOTA, FL 34231-4838</b>
<input type="checkbox"/> Delete	<b>FARRAR, GILL</b>
	<b>2250 GULFGATE DR. STE B</b>
	<b>SARASOTA, FL 34231-4838</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **K. Farrar** **KEN FARRAR** **4-26-00** **941 922 5326**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)